

## The REALTOR® FOUNDATION: Rhode Island Application for Flood Relief Assistance

### Eligibility:

Recipient must a Rhode Island Realtor®. The funds will be distributed to those RI Realtors® that have a need for immediate temporary financial assistance to meet housing related expenses of primary residence. ***Specifically, the funds are to be used to help pay for temporary housing for those who have been displaced due to flooding. Additionally, up to \$50 per day will be provided for meals for those who have been displaced and needed to purchase their meals. A one time reimbursement of up to \$120 will be given for purchase of a sump pump. Receipts or other documentation as applicable will be required.***

These funds are not intended to duplicate any funding available through insurance, or through federal disaster grants.

### Confidentiality:

All information provided on this form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application, if requested, to those who the applicant owes payment and seeks assistance from this foundation. It will not be shared with other parties for any other purpose.

### Disbursement of Funds:

In order to provide for a reasonably equitable distribution of available funds, assistance will be provided on a first come, first served basis up to a maximum of \$750 per individual Realtor®.

Name of person seeking aid:	Social Security Number:	Telephone:		
		(    )		
Address of person seeking aid:				
Street Address:	Apt/Lot	City	State	Zip
Is address primary residence?		Do you:		
___ Yes    ___ No		___ Own    ___ Rent		
Describe damage/loss to dwelling:				
Name of owner or renter (name on mortgage or lease):				

If Renter, Name of landlord:	Telephone:	
	( ) -	
Name of Insurance Carrier:	Telephone:	Policy Number:
	( ) -	
<b>Declaration</b>		
By signing this application, I verify that all the information presented here is true and correct to the best of my knowledge. I agree that service providers listed above may be contacted to verify information contained in this application.		
Name of Applicant:	Signature of Applicant:	
Date of Birth:		Date of Application:

Mail application with attachments to:  
RI REALTORS® Relief Foundation in care of Susan Arnold as follows:

Rhode Island Association of Realtors®  
100 Bignall Street  
Warwick, RI 02888  
Fax – 401.941.5360.  
Phone – 401.432-6947  
Email – susan@riliving.com

<b><i>For Internal Use Only:</i></b>	
Recommendation:	Signature of Executive Officer:
_____	_____
Notes:	